

FAX completed form, within three (3) working days, to TSD/NCB Network Security Unit at ~~(406) 444-5924~~ ^{(406) 444-7743}
If fax not available, please mail to: 111 N Sanders, Rm 204, Helena MT 59620 (Original form not required if faxed)

ACCESS DELETE REQUEST

Name of Individual Requiring Deletion of Access: (Please Print) _____		
First	MI	Last
Logon ID: _____	Phone: _____	Computer Needs: Will DPHHS position be vacant longer than three months? <input type="checkbox"/> Yes <input type="checkbox"/> No
Department: _____	_____	
Division/Bureau: _____	_____	
Address: _____	County: _____	
Transferring to another DPHHS Division? <input type="checkbox"/> If so, which Division/Bureau? _____		
New Supervisors Name: _____		

ACCESS TO BE DELETED: ☒ All - or - ☐ Specific Access to be removed:

Reason for termination of access:

DATE / TIME DELETE TO BE EFFECTIVE: _____

Signature of Employee: _____	Date: _____
Print Name of Supervisor: _____	Phone: _____
Signature of Supervisor: _____	Date: _____
Data Owner: _____	Date: _____
Security Officer: _____	Date: _____